

MINNEAPOLIS VA HEALTH CARE SYSTEM



Volunteer Handbook

Revised February 2012

Minneapolis VA Health Care System



VA
HEALTH
CARE

Defining
EXCELLENCE
in the 21st Century

The mission of the Minneapolis VA Health Care System:

Honor America's Veterans by providing exceptional health care that improves their health and well-being.

The Values of the Minneapolis VA Health Care System includes trust, respect, excellence, compassion, commitment, empowerment, continuous improvement, and collaboration.

VA Volunteers bring to patients a part of the outside world and a feeling of belonging - of not being isolated because of hospitalization. This friendly interest and personal contact are very important for the patients' well being. Your presence and your service are key factors in maintaining a positive atmosphere of hope and cheer.

The patients and staff of the Minneapolis VA Health Care System thank you for your faithful service.

A handwritten signature in black ink that reads "Katy Ryan".

KATY RYAN, Director
Voluntary/Community Resource Service

ROOM **2B-136**

TELEPHONE: (612)725-2050

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What is Voluntary/Community Resource Service?

Voluntary/Community Resource Service coordinates community volunteer participation in the VA's program for providing health care and treatment to our nation's veterans. The Director, Voluntary/Community Resource Service plans with management and staff for the appropriate placement of individuals, groups, gifts, and resources to meet hospital-wide patient needs. VA volunteers do not replace paid staff, but supplement and extend the service of paid staff.

Voluntary/Community Resource Service welcomes donations for the comfort and well being of patients. All donations should be sent to the Voluntary/Community Resource Service office, room **2B-136**.

Volunteers Serve in Many Areas

Volunteers play vital roles in most services such as Medical Administration, Rehabilitative Medicine, Recreation Therapy, Nursing, Pharmacy, Chaplain, and many other services. Again, assignments range from direct patient contact to a variety of support functions.

Volunteers Provide a Two-Fold Service

Volunteers provide a direct service to the staff and patients by participating in programs designed for patient welfare under VA supervision. They provide an equally important indirect service by acting as public relations ambassadors to our community. They inform their friends and neighbors about the VA's medical care and treatment programs and the role of the community in assisting with these programs.

Qualifications of a Volunteer

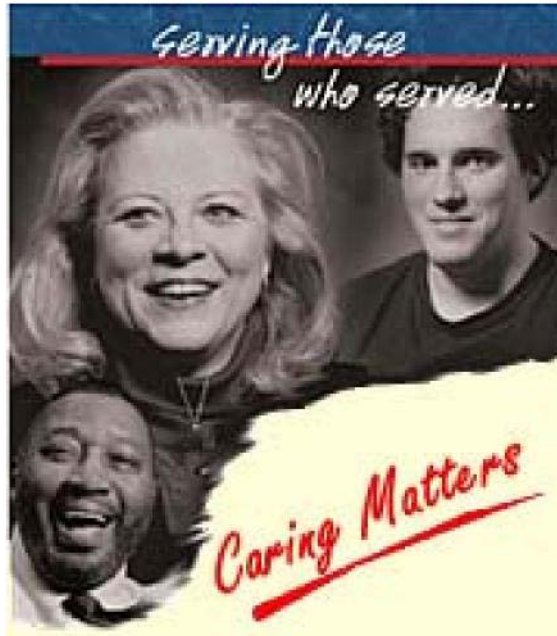
1. Must be at least 14 years old
2. Sincere interest in rendering service
3. Businesslike approach to work
4. Willingness to accept hospital standards
5. Sense of humor
6. Sense of responsibility and dependability in accomplishment of purpose
7. Ability to work with groups, as well as with individuals
8. Tact, congeniality, patience, warmth, and kindness
9. Physical ability to perform hospital work
10. Sense of pride in their work

Special qualifications include the necessary tact, talent, previous experience, training, interests, and hobbies adequate to meet the needs of a specific assignment.

You and the Minneapolis VA Staff

This relationship will be based on mutual respect for the job each is trying to accomplish. You will find that the staff will:

1. Give you the respect due a fellow worker on the team
2. Assign you to a needed task
3. Give you helpful on-the-job instruction
4. Discuss with you any matters concerning your volunteer assignment



You as a Member of the Minneapolis VA Team

You will gain the respect of your fellow team members by:

1. Knowing and observing the hospital rules and regulations.
2. Being dependable and faithful in your assignments.
3. Reporting on time and staying until assignment is completed.
4. Following the instructions of the staff member to whom you are assigned.
5. Being kind and friendly to all patients.
6. Avoiding involvement, emotionally or personally, in patient's problems.
7. Remembering that all personal information, which you learn from or about a patient, is confidential.
8. Conducting yourself with the dignity and assurance of a qualified team member performing a needed service in a pleasant and efficient manner.

General Information

Name Badges

All regular scheduled volunteers will be issued a Photo ID Badge which will be worn at all times while volunteering at the Minneapolis VA Health Care System.

Mantoux Tests

Mantoux tests (Tuberculosis screening) are offered to all new volunteers. If a volunteer has a positive Mantoux test they will be referred to their private doctor at their own expense. If the volunteer has had a positive reaction in the past, they will be referred to Radiology for a chest X-ray.

Sign in Procedures

Volunteers are to enter their hours in the computer, located at the Information Desk in the Flag Atrium, each time they volunteer. PLEASE SIGN IN EVERY DAY YOU ARE WORKING! Some of you may have more than one assignment, so be sure you are recording your hours on the correct assignment. If you are unable to log in your hours, please contact the Voluntary/Community Resource Service office immediately. Volunteers at the Community Based Outpatient Clinics are to report hours to the assigned VA employee at the CBOC who will e-mail the hours to the Voluntary/Community Resource Service office on a weekly basis and volunteers at Fort Snelling National Cemetery need to report hours to the Cemetery office staff.

Assignment Position Description

There is a printed position description for every volunteer assignment. Know your permitted duties and adhere to them.

Change of Assignment

Assignments are based on the volunteer's interests and the facility's needs. If you are not satisfied with your assignment or would like an additional assignment, discuss it with the Voluntary/Community Resource Service staff.

Supervision

All volunteers work under the supervision of a staff member. You will be introduced to your supervisor when you begin your assignment. If you have any questions concerning the performance of your assignment, discuss them with your supervisor.

Reporting Accidents

Volunteers must report all accidents to their VA supervisor so the necessary emergency medical treatment can be provided. The supervisor must initiate accident report forms.

Attendance/Vacation/Termination

Dependability is important for all volunteers. However, if you cannot report for your assignment as anticipated, please call your supervisor directly. YOUR ASSIGNED SUPERVISOR will then be aware of your situation and reschedule your volunteer hours as needed. The Voluntary/Community Resource Service office can be contacted if we can be of assistance. At the termination of your volunteer assignment please notify the Voluntary Service office to ensure continuity of service to our veterans.

Meals

The Medical Center Director has authorized a meal voucher with a \$6.00 value in the VCS cafeteria to help defray the cost of a meal for regularly scheduled volunteers provided that the scheduled assignment extends over a meal period and is at least four hours in length. Meal vouchers are issued through the volunteer computerized time keeping system at the Information Desk. Volunteer ID BADGES ARE REQUIRED TO USE MEAL VOUCHERS and meal vouchers are valid ONLY on the date issued. Meal Vouchers are only available to volunteers assigned at the VA Medical Center in Minneapolis.

Parking

Daytime parking is limited. If a volunteer has an assignment with a start time prior to 9:00 a.m., parking cards for access into the Volunteer Parking Lot may be requested from the Voluntary/Community Resource Service office. The parking lot arm opens at 9:00 a.m. daily. From that point on the lot is considered "open parking." Parking cards are to be returned to the Voluntary/Community Resource Service office when you discontinue volunteering.

Volunteers must obey local postings for lot regulations. DO NOT PARK IN HANDICAPPED AREAS unless you have a VALID PERMIT. Handicapped area restrictions are enforced 24 hours a day.

Dress Code

Be sure to check with your assignment supervisor regarding dress code requirements. It is recommended that all volunteers wear a Volunteer jacket or Volunteer vest that will clearly identify you as a volunteer. Voluntary/Community Resource Service staff can provide you with information on where and how to obtain a jacket or vest.

Fragrance Free

In consideration of those who are sensitive to chemicals and fragrances, please refrain from wearing perfumes and colognes while volunteering.

Patient Issues

Please remember, **the patient is the most important person**. His/her comfort and welfare should always be uppermost in your mind. We want your volunteer experience to be a positive, rewarding and fulfilling one. You are a valuable part of our effort to provide quality care to our veteran patients.

VHA Privacy Policy

The Veterans Health Administration (VHA) is committed to protecting the privacy and confidentiality of patient information. It is the responsibility of the entire VHA workforce to protect patient information. All (VHA) employees, including volunteers, medical residents, students, and contractors are required to complete privacy training, even if you may not have direct patient contact responsibilities. The purpose of this condensed training is to provide the participants with the required knowledge of the VHA Privacy Policies.

VHA has established policies and procedures that grant the veteran certain rights regarding his/her health information and provide guidance on the use and disclosure of Protected Health Information.

Protected Health Information (PHI) consists of the following:

- Individually identifiable information (i.e. Social Security number, health information, etc.)
- Demographic information (i.e. address, phone, age, gender, etc.)
- This information can be in any form (verbal, written, electronic)

The Privacy Act, HIPAA Privacy Rule, and VHA Privacy Policy provide the veteran with the right to:

- Receive a copy of the VA Notice of Privacy Practices.
- Receive a copy of his/her own protected health information.
- Request an amendment to his/her personal records.
- Request a listing of disclosures of health information from his/her personal records.
- Request and receive communications confidentially.
- Request a restriction on the use or disclosure of his/her health information.

VHA has established policies and procedures providing guidance on how PHI may be used within VHA and disclosed to organizations outside of VHA. VHA workforce members including volunteers may use PHI only when the information is needed to perform their official VHA duties. Use of PHI for any other purpose requires the written permission of the patient.

As a volunteer, you are required to keep all PHI strictly confidential. Listed below are some requirements:

- No talking in public areas about PHI as listed above.
- Keep PHI out of public areas (i.e. elevators, stairways, open areas, etc.).
- Secure any records you may be working with before walking away.
- Do not discuss with anyone, inside or outside the hospital, any PHI you may learn while carrying out your assigned duties as a volunteer. Simply stated:

WHAT YOU HEAR OR SEE HERE, STAYS HERE

8 Steps to a Safe and Secure Environment

1. **Shred-it policy** – 100% shred of **ALL PAPER** documents
2. **Computers** – **ALWAYS** lock or log off your computer before you walk away.
3. **User Codes/Passwords** – **NEVER** share a code or password. **NEVER** let anyone use your account.
4. **Vigilance** – Take the time to question the presence of someone that does not work in your area or let the supervisor know.
5. **Printers** – Be sure to know the location of the printer you are using.
6. **Faxes** – **NEVER** leave paper documents sitting on a printer or fax machine.
7. **Photo ID** – **ALWAYS** wear your VA photo identification while on duty.
8. **PII/PHI** – **ALWAYS** protect patient identifiable information and patient health information data on any media and keep it under lock and key.

Possible Outcomes for Not Complying with VHA Privacy Policy

Unlawful release of PHI could result in:

- Organization-specific sanctions (i.e. lawsuits, not receiving accreditation).
- Filing of a complaint by a victim of a Privacy Policy violation.
- Civil and criminal penalties for VHA Privacy Policy violators.
- Fines up to \$50,000 and/or imprisonment.
- Removal.

Summary

All volunteers must be responsible for safeguarding Protected Health Information. As a volunteer, you have a responsibility to keep all patient information, learned in the course of your duties, confidential and secure. Do not discuss any PHI with anyone. Remember that you would want your personal information and health records treated in the same confidential and professional manner.

Patient Abuse

Our policy is to provide quality health care to our patient population in a respectful and compassionate manner. Patient abuse, defined as any act against patients which involve physical, psychological, sexual, or verbal abuse will not be tolerated. The penalty for patient abuse is removal.

Patient Abuse Responsibilities

Employees, volunteers, students in training and without compensation appointees who witness or receive reports of abusive behavior towards patients must report the incident immediately to their supervisor and initiate VA Form 10- 2633 Report of Special Incident Involving A Beneficiary.

Patient Abuse Procedures

The following actions/behaviors constitute patient abuse and are to be immediately reported and documented:

- Acts against patients which involve physical, psychological, sexual or verbal abuse.
- Action or behavior that conflicts with patients' rights.
- Intentional omission of patient care.
- Willful violations of the privacy of patients.
- Intimidation, harassment or ridicule of patients.
- Willful physical injury of a patient.

Boundaries

Like employees, volunteers must maintain appropriate relationship boundaries with employees, other volunteers, patients, former patients and/or patient's families. This means volunteers must not establish personal friendships or intimate relationships with employees, patients, former patients, or family members of patients. Additionally, should an employee, volunteer, patient, or patient's family member initiate an inappropriate relationship, the volunteer is responsible for refusing the initiative. We understand that, in certain situations, pre-existing relationships are present. In the course of volunteering, if a pre-existing relationship should surface, please notify your supervisor.

Financial Transactions

Volunteers are NOT to engage in financial transactions with patients. Prohibited transactions include but are not limited to: borrowing or loaning money to patients, purchasing items for patients, and cashing checks for patients. If a veteran is in need of a financial transaction, please inform the ward medical support assistant, nurse, or social worker.

Volunteer Rules and Ethics

- Be punctual and dependable. Notify the department supervisor where you work if you will be absent.
- Wear clean and comfortable clothing and shoes that are appropriate for your work assignment.
- Introduce yourself as a volunteer and state the reason for your visit.
- Use the patient's name in your introductory greeting. The name is located on the nameplate at the head of the bed.
- Information concerning patients and their records are considered **CONFIDENTIAL** and sharing of that information is grounds for dismissal and/or termination as a volunteer. **Confidentiality in all matters relating to patients is mandatory.**
- All modes of communication (speaking, walking, laughing) with patients should be conducted in a quiet manner since rest and quiet are major ingredients in the recovery process.
- Advise the patient to refer pension and compensation issues to the Veterans Benefits Counselors or service organization representatives.
- The patient's room is his/her home during the hospital stay. You are entering as a guest. **If the door is closed, knock, first.** Do not lean or sit on the patient's beds. Keep your visits brief—15 minutes is ample. Make your visit worthwhile for you and the patient.
- Be optimistic, calm, and cheerful. Avoid discussing controversial or exciting subjects.
- Do not discuss religion, politics, patient illness, or your aches and pains with patients.
- Do not give your home address or telephone number to patients.
- Do not make suggestions to patients about treatments or suggest remedies.
- Avoid showing pity to a patient, but do not be excessively cheerful. The patients know how they feel - let them do the talking - be a good listener.
- Volunteers should not enter a room which is posted "Isolation" or "No Visitors" unless asked to do so by a nurse or doctor.

- As a volunteer, you are to serve only the wards or area assigned. Make contact with your supervisor in your assigned area when you start your volunteering day.
- Observe the rules. Consult your supervisor if you have questions about a specific rule or regulation.
- Do not take food, beverages, or medicine to a patient without permission from proper authority - a doctor or nurse.
- If a situation arises which is awkward and you do not know how to handle it, contact your supervisor. Volunteers should not argue with patients.
- Smoking is prohibited in the building and on the grounds. Volunteers on duty may smoke at the loading dock smoking shelter ONLY.
- Possession of alcohol/illegal drugs or being under the influence of either will be grounds for immediate dismissal.
- Possession of weapons on federal property is banned.
- Exercise good judgment in completing your assignments and show initiative where required.
- Be friendly and cooperative with members of other organizations and staff with whom you come in contact.
- Do not work in an assignment that causes you mental, physical strain, or anguish. Report such problems to your supervisor and/or Voluntary Service for reassignment.
- Inform the nurse when you take a patient off the ward.
- In the course of your duties, maintain the respect of other volunteers, staff, patients, and visitors.
- Please notify your supervisor and Voluntary Service if you decide to discontinue volunteering. Turn in your ID badge and parking access card to Voluntary Service.

Suicide Prevention

Suicide is a national crisis with more than 30,000 deaths a year with 20% of those (6,000 individuals) being veterans. This is an average of 18 suicides a day by veterans. Active duty soldier suicides have been increasing annually from 87 in 2005 to 244 in 2009.

Risk Factors:

- Previous attempts.
- Alcohol or substance abuse.
- History of mental illness (anxiety, depression).
- Recent loss (physical, emotional, financial).
- Family history of suicide.
- History of abuse.
- Serious health problems/issues.
- Sexual identity.
- Hopelessness.
- Frequent deployments.
- Physical assault in military.
- Deployment in hostile environment.
- Exposure to extreme stress and death.
- Length of deployments.
- Service related injury.
- Lack social support.
- Lack coping skills.

Warning Signs:

- Change in behavior.
- Risky behavior.
- Any previous suicide attempts.
- Co-occurring depression, moodiness, hopelessness.
- Giving away prized possessions.
- Sudden interest in religion.
- Actions or gestures.
- Verbal expression.
- Acquiring a gun or stock piling pills.
- Drug or alcohol abuse, or relapse after a period of recovery.
- Putting personal affairs in order.
- Unexplained anger, irritability

Often, when a person has thoughts of suicides, they will provide others with verbal cues. These cues can be direct or indirect:

Indirect Verbal Cues

- “I’m tired of life and can’t go on.”
- “My family would be better off without me.”
- “Who cares if I’m dead anyway.”
- “I just want out.”
- “I won’t be around much longer.”
- “Pretty soon you won’t have to worry about me.”

Direct Verbal Cues

- “I’ve decided to kill myself.”
- “If (such & such) doesn’t happen, I’ll kill myself.” “
- “I’m going to commit suicide.”
- “I going to end it all.”
- “I wish I were dead.”

If you know someone with risk factors and/or see any of the warning signs or hear any of the verbal cues, what should you do? Simple: ask the suicide question! You can be direct (“You know, when people are as upset as you seem to be, sometimes they wish they were dead. Is that how you’re feeling?” “Are you thinking about killing yourself?”) or you can be indirect (“Have you been unhappy lately/for awhile?). If you can’t ask the question, find someone who can!

Things to Remember

Listen, listen and listen! Offer hope. Explain why you are concerned and offer support. . . if necessary, offer to help them or go with them to get help. Suicide is serious business and YOU can make a difference.

Veterans, family members or friends can access Veterans Chat through the suicide prevention Web site (www.suicidepreventionlifeline.org) or for veterans in crisis, call the Hotline number 1-800-273-TALK.

Volunteer Photo ID Facts

- Photo Identification (ID) Badges will be issued as part of the security system to assist in a safe and secure environment.
- ID Badges are required to be worn above the waist in a visible manner with the photo facing forward at all times.
- It is the responsibility of all volunteers to acquire and wear their photo ID, while on duty. MEAL TICKETS WILL NOT BE HONORED WITHOUT AN ID BADGE.
- The photo will not be defaced or altered in any manner that would obscure the photograph or any information contained on the card. This includes affixing decals, metal pins, lapel pins, or puncturing a hole in the card. Any alteration or punctures will severely alter its effectiveness.
- The back of the card will have the RACE message, the volunteer's name and a bar code.
- No charge will be assessed for replacement cards due to names changes, fair wear and tear or unusual circumstances such as fire or theft.
- All personnel on VA property are subject to challenge by VA police and shall promptly show identification when requested.
- Badges will be surrendered to Voluntary Service upon termination as a volunteer.

NOTE: Federal Regulations mandate tracking, evaluation and security clearances, as it pertains to patient safety and/or patient privacy issues. We respectfully request that volunteers cooperate fully with volunteer management for full compliance.



Taking Photos of Patients is NOT ALLOWED

Photos cannot be taken of patients unless a signed consent is obtained on VA Form 10-3203, Consent for Use of Picture and/or Voice (38CFR 1.218).

Fire Safety

Introduction

Fire safety is based upon two factors: an effective FIRE PREVENTION PROGRAM and a well rehearsed FIRE EMERGENCY PLAN. The old “chime” alarm system was recently replaced to bring our fire alarm system up to current life safety codes. The new system provides more detection devices that will improve our ability to detect the location of a fire. It also provides a verbal announcement instead of the chime sequence of the old fire alarm.

Safety and Fire Protection

All volunteers are required to observe the safety rules and regulations and participate in the scheduled fire drills in your work area. Your supervisor should show you where the fire extinguishers are located and when training sessions are available.

Fire Prevention Program

This is a modern facility that is highly fire resistant; therefore we do not consider a general evacuation of the buildings a likely possibility. However, all buildings can burn; therefore, evacuation is included in our disaster plan to cover an extreme situation.

Fire Emergency Plan (RACE)

Our primary plan of fire protection is the relocation of patients. Hospital fires do happen and the greatest danger is panic caused by a natural fear of smoke and fire. A fire emergency plan that is practiced regularly will contribute to an effective fire safety program.

Our fire emergency plan consists of four (4) phases: Rescue, Alarm, Contain and Extinguish. The plan is commonly referred to as RACE.

RESCUE: Rescue any person from immediate danger.

ALARM: ALARM BOX - Pull the nearest fire alarm.

TELEPHONE - Dial 1911 to report a fire. State your name and exact location of the fire. If 1911 is busy, dial “0” and report the information to the telephone operator.

CONTAIN: Close all doors.

FIRE DOORS: National Fire Protection Agency standards state that all fire doors will be kept closed. Fire doors are located at entrances to stairways, hazardous material storage areas and within corridors. These doors are

provided with automatic closing devices and will not be modified to hold the doors open. Doors will be held open only when extreme hardship would occur.

SMOKE BARRIER DOOR: Smoke barrier doors divide each floor into zones and are held open by electromagnets which release the doors when the fire alarm is activated. The smoke barrier doors should be opened only by firefighting or evacuation personnel.

EXTINGUISH - only if you do not place yourself in danger. Fire extinguishers and other firefighting equipment have been distributed throughout the facility for emergency use. The equipment has been placed in the best possible location in case of fire. The equipment will not be relocated without the approval of the Safety Officer. If it is used, the Safety Officer must be notified.

NOTE: All employees and volunteers are responsible for reporting a fire, or sign of fire, regardless of scope or origin.

Determining the Location of the Fire

The fire alarm will use an announcement instead of the old chime sequence. The alarm will start with 3 chimes followed by the announcement of the Code Red alert and then plain language to describe the function of the area followed by an alpha-numeric description of the area within the floor. The Code Red function and area description will be repeated three times.

Alarm Example:

If the smoke detector in room 1F-126 alarmed, the announcement would sound like this:

**CODE RED
COMMUNITY LIVING CENTER
WARD ONE FOXTROT**

**CODE RED
COMMUNITY LIVING CENTER
WARD ONE FOXTROT**

**CODE RED
COMMUNITY LIVING CENTER
WARD ONE FOXTROT**

When the Alarm Sounds

In addition to the audible announcement, fire doors will close and strobes will activate.

Since Ward 1F is part of 1st floor Fire Alarm Zone 15, all of the strobes in zone 15 would be activated and all of the fire doors in zone 15 would close.

The announcement will sound on all floors in Building 70. If you are not sure what to do, ask a nearby staff person for guidance.

All Clear

After the area has been determined to be safe, the all-clear message will sound:

**“ALL CLEAR, EMERGENCY IS OVER.
ALL CLEAR, EMERGENCY IS OVER.
YOU CAN RETURN TO YOUR NORMAL DUTIES.”**

When you hear the verbal announcement and are not sure what to do, ask a nearby staff person for guidance.

Tornado Protection Plan

In the event of a tornado alert, patients, visitors, volunteers, and employees will be advised to seek shelter in appropriate areas.

There are certain areas in the building which are safer than others. Generally speaking, the safest areas are:

- Interior rooms or corridors
- Rooms without atriums or exterior windows
- Rooms on the north or east side of the building
- The east end of east-west corridors. Avoid north-south corridors
- Small interior rooms provide better protection than large rooms

Stay out of large areas such as the auditorium and atriums.

All doors to rooms and fire doors should be closed.

Sit or lie on the floor, if possible, and cover your head and face.

Types of Tornado Alerts:

- Tornado Watch: Weather conditions are right for a tornado; however, one has not been sighted.
- Tornado Warning: There has been an actual tornado sighting or touchdown in Hennepin County. Civil Defense sirens sound (steady “Alert” alarm).
- Tornado Alert - Audio Page: The audible page will be used to announce tornado warnings.

When the warning has expired an audible page will announce “All Clear.”



Infection Prevention & Control

What do we mean by Infection Prevention & Control?"

To prevent the spread of infection in patients, employees, volunteers, and visitors.

Why is Infection Prevention & Control Important?

The danger of infection is always present. Infections can lengthen a patient's stay, cause inconvenience, pain, and even death. Everyone should know how to take precautions that prevent the spread of infections. Even if your job doesn't involve direct contact with patients you can inadvertently spread infection from one area to another.

How Do We Control and Prevent the Spread of Infections?

Hand hygiene is the single most effective way to prevent the spread of infection. Hand hygiene is accomplished by using either alcohol-based gel/foam or hand washing with soap and water.



Perform Hand Hygiene often:

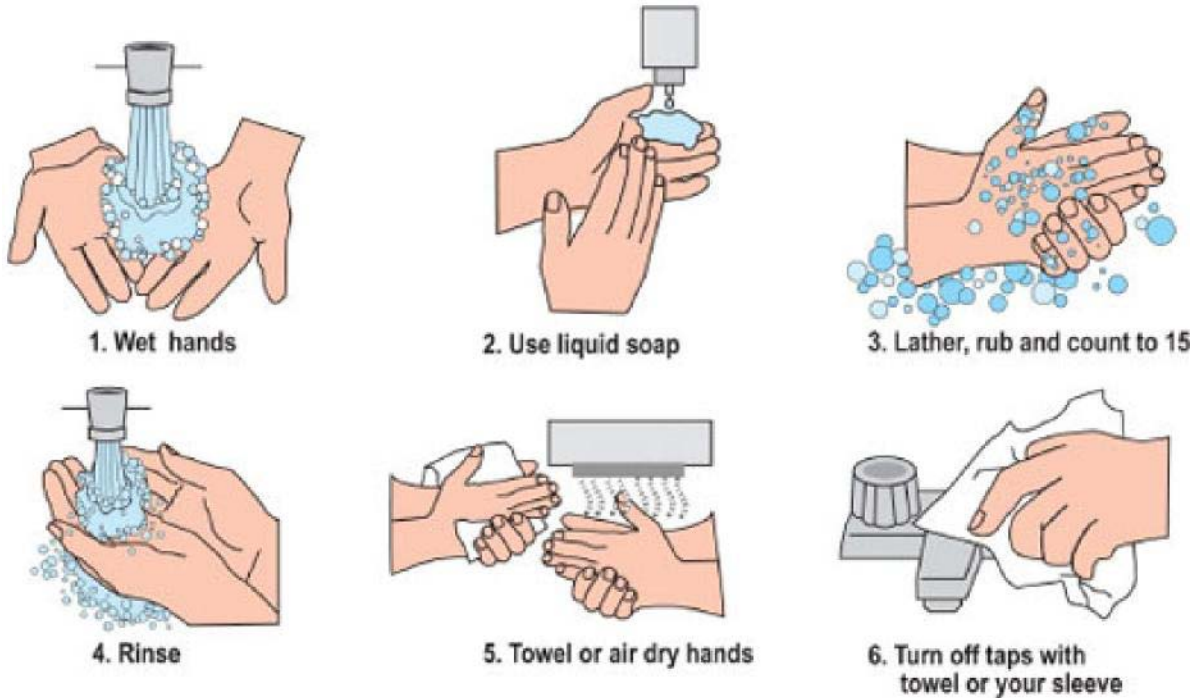
Hand Hygiene Gel/Foam -OR- Soap and Water:

- Before and after each patient contact.
- Entering or leaving a patient room.
- After removing gloves.
- After blowing or wiping nose.

Soap and Water (Hand washing) required:

- After using the restroom.
- Before and after eating.
- When hands are obviously dirty.

Procedure for Routine Hand Washing:



When NOT to Come to Work:

Come to work only if you are well and free of infections. A volunteer with an infection may transmit his/her illness to patients. **DO NOT COME TO WORK** if you have an illness such as a cold, influenza, skin infection, shingles, diarrhea or other illness symptoms. If you have had fever, diarrhea, or vomiting, please do not come to work until you have been without these symptoms for at least 24 hours. If you are unable to make it to your regular volunteer assignment, please call and inform your supervisor in the department you work.

Standard Precautions:

ALL patients are considered to be placed in Standard Precautions (SP) to reduce the risk of spreading an infection. SP will protect the patient, employee, volunteer, and visitor. SP means that a barrier (gloves) will be used whenever there may be contact with any patient's body substance. Hand washing will be observed after glove removal as well as before and after each patient contact. A SP sign with the required procedures is posted next to the sink in every patient room.

When additional special precautions are needed, a sign indicating the type of precaution is posted outside the patient's room. The four types of special precautions are: Contact, Droplet, Special Respiratory, Airborne and Protective. **Do not enter rooms displaying any of these signs without checking with a nurse.**

Human Immunodeficiency Virus (HIV)

HIV/AIDS status cannot be used as a criterion to discriminate in volunteer acceptance, assignments or terminations. As with employees, volunteers with HIV/AIDS will be held accountable for fully acceptable conduct and performance.

Hazardous Materials Management

There are various chemicals and other hazardous materials used throughout the facility. Hazards associated with chemicals and materials are listed on the warning labels on the original chemical containers. Detailed information regarding the safe handling, storage, and disposal of chemicals and hazardous materials can be found in the Material Safety Data Sheets (MSDS). The MSDS can be found in the work area where hazardous materials are used and/or stored. Be familiar with the location of MSDS in your work area.



If you are involved in a chemical spill:

- Evacuate everyone from the area
- Call your supervisor, Safety Officer and Building Management Service
- Identify the chemical
- Ventilate the area
- If a fire occurs, activate the fire alarm pull station
- Wait by the spill, well out of danger
- Follow clean up procedures on the MSDS
- Complete an Accident Report with your supervisor

Equipment and Utility Management

The use of patient care equipment is reviewed annually to assure that employees and volunteers are aware of their proper use. If you have questions in the use of the equipment you are required to operate, please notify your supervisor. If you are aware of equipment failure, utility failure, or run into problems using equipment, please notify your supervisor so he/she can initiate corrective action and/or provide equipment training.

Sexual Harassment

What is Sexual Harassment?

The definition of sexual harassment by the Equal Employment Opportunity Commission is in 29 CFR 1604.11 as follows:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature constitute sexual harassment when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment
- Submission or rejection of such conduct by an individual is used as the basis for employment decisions
- Such conduct has the effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile, or offensive working environment

In more common terms, sexual harassment includes such unwelcome behavior as verbal abuse, insults, whistles, suggestive comments, jokes, notes, or picture displays; touching and physical aggressiveness; pressure for dates; or threats and sexual assaults.

Sexual harassment doesn't happen only on the job or at the work site to be prohibited behavior. The rules and guidelines concerning sexual harassment also apply to business trips, meetings, and conferences away from the regular work place, or any work related social activities. If such behavior results in the loss of productivity, affects personnel actions, or creates a psychologically harmful or unsafe condition, it is prohibited. Title VII of the Civil Rights Act of 1964, as amended 2000e-16, guarantees all Federal employees and volunteers a working environment free of gender based intimidation.

Sexual harassment is no longer simply a "women's issue," it affects both men and women. Sexual harassment is a legal issue. Managers and supervisors are responsible for preventing and eliminating it. An employer may be liable for the acts of its managers and supervisors with respect to sexual harassment, regardless of whether the employer knew or should have known of the occurrence. Employers may also be responsible for the acts of non-employees (vendors, and service personnel, for example) with respect to sexual harassment in the work place, where the employer (or its supervisors) knew or should have known of the conduct and failed to take immediate corrective action.

If You are Being Sexually Harassed, What Can You Do?

Sexual harassment infringes on your right to work in an environment that is free from any kind of sexual overtures or pressures that are unwanted by you. If you believe you are being sexually harassed:

- Recognize it. Confront it. It is not your fault. You have a right to take action.
- Tell the offending person that his or her conduct is offensive and unwelcomed. Make it clear you are not interested and that the offender's behavior is unacceptable.
- Write down the dates, places, acts, and names of people involved in the incident of harassment, your complaints, and any results.
- Ask any observers what they saw and heard; write it down.
- If you cannot directly confront the offending person, or your attempts haven't stopped the harassment, report the conduct to your supervisor.
- Seek advice from your supervisor, your personnel officer, Federal Women's Program Manager, your Equal Employment Opportunity (EEO) counselor or union representative. In addition, your agency's employee counseling service may provide support and guidance to help you handle the situation.
- File a complaint through the EEO complaint system. Contact your EEO counselor.
- Talk to friends, co-workers, and relatives. You need a strong support system at this time.



Preventive Measures

We are all responsible for preventing sexual harassment in the workplace. We should make sure our behavior does not offend others. Avoid suggestive comments, jokes of a sexual nature, or offensive displays; avoid touching co-workers in any way that could be interpreted as intimate or offensive. Respect the personal space of others. Report incidents of sexual harassment immediately.

Supervisors and managers must provide a work setting that is comfortable and free of fear and intimidation. They must investigate all alleged incidents and take corrective action immediately, including disciplinary action, if warranted.

National Patient Safety Goals

How These Goals Relate to Volunteers

Patient Safety Goal:	A volunteer's role in assuring patient safety:
Improve the accuracy of patient identification.	If you are an escort volunteer, you are required to ask the patient you are escorting to show you his wrist band identification to verify he is the correct patient you have been assigned to transport.
Improve the effectiveness of communication among caregivers.	If you have a question about a patient, such as dietary restrictions or permission to take a patient off the unit, ask a member of the health care team.
Improve the safety of using medications.	Never share your medications with others. Any questions about medication should be directed to the health care team.
Reduce the risk of health care-associated infections.	Volunteers are to conduct hand hygiene before and after each patient, including after removing gloves, using foam/gel or soap and water. Follow special precautions when posted, using gloves and gown, and removing after that patient.
Reduce the risk of patient harm resulting from falls.	Safety is everyone's responsibility. Be alert to potential hazards and report them immediately to a staff member.
Prevent health care associated pressure ulcers.	The health care team addresses these issues.
The organization identifies safety risks inherent in its patient population.	Safety is everyone's responsibility. Be alert to potential hazards and report them immediately to a staff member.
Universal Protocol for preventing wrong site, wrong procedure, wrong person surgery.	If you are an escort volunteer, you are required to ask the patient you are escorting to show you his wrist band identification to verify he is the correct patient you have been assigned to transport.

WHAT IS A JOINT COMMISSION SURVEY?

An accreditation survey is an evaluation of our organization's ability to safely, effectively and appropriately provide care to our patients. Standards developed by The Joint Commission (TJC) serve as the basis for the evaluation.

TJC surveys are unannounced. When staff members know their job, ask their supervisor about anything unclear, and make suggestions of ways to improve their jobs on an ongoing basis, we will do well in our goal of providing safe high-quality patient care, and therefore also do well in our Joint Commission survey.

What will Joint Commission surveyors ask staff and volunteers?

Surveyors will ask staff and volunteers about the job they do every day. Examples of questions they may ask:

1. How do you report an incident or sentinel event?
2. What is the best thing you can do to prevent the spread of infection?
3. What would you do if there is a fire?
4. How would you report concerns about quality or safety of patient care?

What observations will surveyors make?

Among many items, highlights are:

1. Medications are stored safely: not outdated, appropriately labeled, kept locked or supervised, in refrigerator if required.
2. Hand washing – the surveyors will time staff to see that they wash for 15 seconds as our policy indicates.
3. Confidentiality – Are computer screens left open when unattended? Is patient-specific information visible or audible to the public? (Hint: provide patient education in a private area.)

TIPS FOR INTERACTING WITH SURVEYORS

Be friendly and confident! Although most questions asked by surveyors will be during visits to patient care areas, any staff member or volunteer may be questioned by surveyors about their job. The questions are intended to determine if staff members are knowledgeable about their job and relevant policies and procedures, and if we follow our policies.

If questioned by a surveyor:

Relax and think about the question. If you are not clear about what the surveyor is asking, request that they rephrase or clarify the question. If you don't know the answer but know where to find it, say so and proceed to show the surveyor.

Try to answer in terms of what you actually do in the situation the surveyor asks about. Give examples if it helps to clarify your answer.

Redirect the surveyor if you are asked about an area that you are not familiar with or that you think is best answered by someone else. Sometimes surveyors ask questions of the wrong staff. Remember it is OK to say that you would ask your supervisor if you do not know.

Avoid words such as *usually, sometimes, but,* and *I think* when responding to surveyor's questions.

Be honest and be specific with your answers, and definitely be polite!
Answer only the question you are asked.

If a surveyor asks to speak with a patient, you must ask the patient for permission.

Emphasize teamwork to let the surveyors know how you work with others inside and outside of your work area to get the job done.

For more information contact Jamie Matthews, Patient Safety Manager, or Chris Thielen, Continuous Improvement, or you may go to www.jointcommission.org

If any of the information below has **CHANGED** over the past year, please complete and return this form to:

**Voluntary/Community Resource Service
Minneapolis VA Health Care System
One Veterans Drive
Minneapolis, MN 55417**

VOLUNTEER INFORMATION UPDATE

(Please **PRINT** all information)

NAME: _____ DATE: _____

ADDRESS: _____

HOME TELEPHONE: Area Code/Number: (____) _____

ALTERNATE PHONE: Area Code/Number: (____) _____

EMERGENCY CONTACT:

Name: _____ Relationship: _____

ADDRESS: _____

Telephone

Home: _____ Work: _____

For Agency Use ONLY

Date Rec'd: _____

Date Entered: _____

Entered by: _____